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ABSTRACT

This report contains the field plan and implementation procedures which were utilized for the observational/focused ethnographic component of Head Start's Child and Family Mental Health (CFMH) Evaluation Project. The introductory section of the document provides the reader with an overview of the Head Start program, its mental health goals, the CFMH's demonstration project, and the CFMH evaluation effort. The relationship between the evaluation's quantitative and qualitative components is also discussed, as are the observational approach and its policy and programmatic implications. The next section of the report, the design section, delineates the procedures that were employed in the observational/focused ethnographic component. The acquisition and treatment of data are presented in the section that follows. (Existing provisions for storage and retrieval, quality control, and analysis are described.) The final section describes the field implementation of the ethnography, including the selection of personnel, the ethnographers' training program and their entry into the field, and a summary of the observational/focused ethnographic activities conducted in the field. Child and teacher observation agendas, the page codes, master index, and files used, the key to the index numerical code, a sample of the data reliability check, and a copy of the focused ethnographer training program, are appended. (Author/MP)

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FIELD PLAN AND IMPLEMENTATION PACKAGE FOR THE ETHNOGRAPHIC COMPONENT OF THE CHILD AND FAMILY MENTAL HEALTH PROJECT EVALUATION

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Introduction

This report contains the field plan and implementation procedures which were utilized for the Observational (Focused Ethnographic) Component of the Child and Family Mental Health Project Evaluation funded under Modification 07 to Contract No. HHS-105-77-1057. This report describes the plans and activities which were employed to implement observational, participant-observational interview, and unobtrusive research methods in the evaluation. These procedures were intended to augment the use of a pre-post, control, experimental evaluation design which was employed in an effort to evaluate the impact of this preschool, Head Start Child and Family Mental Health Project.

The Child and Family Mental Health (CFMH) Project constitutes an effort by Head Start to encourage the utilization of preventive efforts in mental health at the preschool level.

Twenty-eight (28) projects were originally funded under the Head Start Child and Family Mental Health (CFMH) Project. These included seven (7) urban and seven (7) rural Head Start programs selected to implement demonstration projects and fourteen (7 urban, 7 rural) sites designated to act as controls. The experimental programs were funded with the expectation that they would provide activities and services designed to achieve the preventive mental health goals of CFMH. Among these efforts are orientation to the project for Head Start staff and parents, training for staff and parents, professional consultation for staff, and parent counseling.

The introductory section of this document provides the reader with an overview of the Head Start program, its mental health goals, and the Child and Family Mental Health (CFMH) Demonstration Project, as well as an overview of the CFMH Evaluation effort. The relationship between the evaluation's quantitative and qualitative (observational or focused ethnographic) components is also discussed, as are the observational (focused ethnographic) approach and its policy and programmatic implications.

The next section of this report is the design section. This section delineates the procedures that were employed in the observational (focused ethnographic) component. The acquisition and treatment of data is presented in the section that follows, with existing provisions for storage and retrieval, quality control, and analysis described. The final section of this document describes the field implementation of the ethnography, including the selection of personnel, the focused ethnographer training program, field entry, and a summary of observational (focused ethnographic) activities in the field.

Overview

Head Start Program Background

The Head Start program was founded on the assumption that all children share certain needs and that children of low income families, in particular, can benefit from a comprehensive developmental program to meet those needs. The Head Start philosophy includes the idea that a child can benefit most from a comprehensive, interdisciplinary program to foster development and remedy problems as expressed in a broad range of services. Equally a part of the Head Start philosophy is the recognition that the child's entire family, as well as the community, must be involved in such a program. The family, as the primary influence on the child's development, must be a direct program participant. Local communities are free to develop creative program designs within the basic goals, objectives and standards of a comprehensive program.

The overall goal of the Head Start program is to foster a greater degree of social competence in children of low income families. Social competence refers to the child's everyday effectiveness in dealing with both present environment and later responsibilities in school and life. Social competence takes into account the interrelationship of cognitive and intellectual development, physical and mental health, nutrition, and other factors that enable a developmental approach toward helping children. The specific goals of social competence include:

(1) The improvement of the child's health and physical abilities, including appropriate steps to correct present physical and mental problems and to enhance every child's access to an adequate diet. The improvement of the family's attitude toward future health care and physical abilities.

(2) The encouragement of self-confidence, spontaneity, curiosity, and self-discipline which will assist in the development of the child's social and emotional health.

(3) The enhancement of the child's mental processes and skills with particular attention to conceptual and communications skills.

(4) The establishment of patterns and expectations of success for the child, which will create a climate of confidence for present and future learning efforts and overall development.

(5) An increase in the ability of the child and the family to relate to each other and to others.

(6) The enhancement of the sense of dignity and self-worth within the child and his family.

Through its Performance Standards and Guidelines (1975), Head Start has identified four areas of activity and standards of implementation for all grantees and delegate agencies. These four areas include education, health (including mental health and nutrition), social services and parent involvement.

Education services objectives address the provision of positive learning environments and experiences, the integration of educational content into the daily program of activities, the involvement of parents in the program, the development of parents in the areas of child growth and development, and the identification and reinforcement of home educational activities for parents and children.

Health services Performance Standards call for medical and dental histories, screenings, examinations, treatment, record keeping, and health education. Mental health (described below) and nutrition objectives and services, moreover, are an integral part of the health performance standards.

Social services objectives are concerned with providing an outreach and recruitment process to enroll eligible children, regardless of race, sex, creed, color, national origin or handicapping condition; achieving parent participation in the center and home program; assisting the family to improve the condition and quality of family life; making parents aware of community services and resources and facilitating their use.

Parent involvement objectives recognize the parent as the principle influence on the child's education and development and, thus, as essential contributors to the Head Start program. The parent involvement component of Head Start is intended to provide opportunities for parent participation, e.g., direct involvement in decision making in the program planning and operations; participation in classroom and other program activities as paid employees, volunteers or observers; activities for parents which they have helped to develop; and working with their own children in cooperation with Head Start staff.

Mental Health Performance Standards and Guidance

The mental health emphasis within Head Start is included

within the health area of activity. Health services objectives provide for a comprehensive program which includes a broad range of medical, dental, mental health and nutrition services to pre-school children, including handicapped children, to assist the child's physical, emotional, cognitive and social development toward the overall goal of social competence. Another objective is to promote preventive health services and early intervention. A third objective is to provide the child's family with the necessary skills and insight, and otherwise attempt to link the family to an ongoing health care system to ensure that the child continues to receive comprehensive health care even after leaving the Head Start program.

Specific mental health services provided under the health component include:

(1) Services of a mental health professional who is experienced in working with children, at least on a consultation basis. The mental health professional (i.e., child psychiatrist, licensed psychologist, psychiatric nurse, or psychiatric social worker), shall:

(a) Assist in planning mental health program activities;

(b) Train Head Start staff;

(c) Periodically observe children and consult with teachers and other staff;

(d) Advise and assist in developmental screening and assessment;

(e) Assist in providing special help for children with atypical behavior or development, including speech;

(f) Advise in the utilization of other community resources and referrals;

(g) Orient parents and work with them to achieve the objectives of the mental health program; and

(h) Take appropriate steps in conjunction with health and education services to refer children for diagnostic examination to confirm that their emotional or behavior problems do not have a physical basis.

(2) Other services, activities, and provisions under the Head Start mental health plan are:

(a) Attention to pertinent medical and family history of each child so that mental health services can be made readily available when needed;

(b) Use of existing community mental health resources;

(c) Coordination with the education services component to provide a program keyed to individual developmental levels;

(d) Confidentiality of records;

(e) Regular group meetings of parents and program staff;

(f) Parental consent for special mental health services;

(g) Opportunity for parents to obtain individual assistance; and

(h) Active involvement of parents in planning and implementing the individual mental health needs of their children.

The concept and goal of prevention is stressed in the Head Start mental health goals, as in all other health areas. Overall, preventive mental health is intended to minimize a child's later need for mental health services, to provide mental health resources to Head Start parents and to provide them with strategies for coping with life crises and the day-to-day demands of the preschool placement and other settings in which the child and parents might engage. These services are intended to minimize each family's later deterioration and dependence on remedial mental health and social services.

The Head Start Child and Family Mental Health Project (CFMH) was designed and implemented toward this overall goal of preventive mental health for children and their families. The following section describes the assumptions, goals, and implementation activities of the CFMH project.

The Child and Family Mental Health Project

The Child and Family Mental Health Project is a multi-year, demonstration project funded by the Administration for Children, Youth and Families, under the auspices of the Head Start Program. The project is both unique and innovative in its attempt to encourage the systematic application of preventive mental health principles in selected Head Start programs and its intent is to actualize particular goals that have been an inherent part of Head Start since its inception. While cognitive, language, physical and health concerns have been central to Head Start, children's social and emotional development has been as much a part of the program purpose. The ultimate concern of the CFMH effort is reflected in the Head Start Performance Standards (1975) specifications to assist children in the areas of emotional, cognitive, and social development for enhancing social competence, while providing staff and parents with knowledge of child growth and development and an appreciation of individual variation, and the importance of a supportive environment.

Particular note should be made of the conceptual orientations reflected in the CFMH Project. For example, healthy social-emotional development is defined positively as "mental wellness." Furthermore, mental health intervention is attempted at a primary stage or level, before social-emotional problems develop, rather than at secondary and tertiary levels when these problems begin to interfere with or adversely influence a child's ability to cope with his environment (Caplan, 1964). In practice these orientations translate into programmatic strategies that facilitate children's mental and social-emotional wellness, while preventing the onset of conditions that hinder their ability to successfully engage their material and social environment.

The primary means of attaining the desired goals of this project is through the implementation of experimental preventive mental health programs that are consistent with the ecological philosophy and approach of Head Start. As a demonstration effort, the goals of the project are to:

(1) Promote and demonstrate the efficacy of ecological approaches to the delivery of primary preventive mental health services for preschool children.

(2) Develop ecological models for the delivery of primary preventive mental health services that can be implemented on a wide scale in Head Start and other child development programs.

These goals stem from a realization that different levels of mental health resources available across communities require more than

one delivery strategy. Some communities, for example, may have a wide range of locally available mental health services. Others, by contrast, may be located out of easy reach of relevant services. Local CFMH efforts thus, must take into account the quantity, type and accessibility of outside mental health services in designing optimal programs for their Head Start communities. Thus, the two following alternative models for implementing a variety of primary prevention activities are being used in specific programs:

(1) Child and Family Mental Health Resource Model. The Head Start program collaborates with a community mental health facility to design a program suitable to the particular needs of program participants. Under the community linkage approach, the Head Start program purchases training, consultation and counseling services from the facility and operates the mental health program in partnership with that support group of mental health professionals (MHP'S).

(2) Child and Family Mental Health Worker Model. This model is especially appropriate in communities which lack available local mental health facilities. In this approach, a Mental Health Worker (MHW) is based in the Head Start program to provide mental health services. Workers are trained for specific competencies necessary to provide training, consultation, and counseling services and work under the supervision of a mental health professional (MHP) who may be located outside the community.

While these two models serve as frameworks for pursuing the aforementioned goals, specific activities have been suggested for implementation by the fourteen experimental programs. These activities and their specific objectives are as follows:

(1) Orientation for (a) Staff and (b) Parents--to provide information and discuss the goals, objectives, and activities of the project.

(2) Training for Staff--to promote understanding of normal child growth and development, techniques for observation required to identify children's needs and develop an individualized program, techniques of child management, and identification of adult attitudes and behaviors that contribute to a healthy climate. Strengthening and expanding the capacity of staff to handle crises and developmental stress points.

(3) Training for Parents--to provide an understanding of child growth and development, a sensitivity to developmental problems and knowledge of effective childrearing practices, child management, and identification of adult attitudes and behaviors that contribute to a healthy climate for growth.

(4) Consultation with Head Start Staff--(a) Small Group Consultation--to strengthen staff skills to handle situational stresses and developmental crises. This process provides all staff with an opportunity to learn new concepts and coping techniques and provides ongoing training in areas of child development and child management techniques; (b) Support Consultation--to familiarize the consultant with the characteristics of each class and to provide an opportunity for consultee-centered consultation.

(5) Counseling with Parents--to provide crisis intervention as needed to strengthen parents' skills in dealing effectively with challenges and conflicts which are inherent in the transition from one psycho-social developmental stage of life to the next, and with structural crises (e.g., illness, death, separation, etc.). Counseling will maximize the successful management and mastery of the crisis or stress points in the lives of the parents and their children.

The CFMH Evaluation

The evaluation of the CFMH Project was initiated in September, 1978, approximately one year after Head Start Centers were funded to implement preventive intervention strategies which they designed for their programs. The quasi-experimental design included the comparison of two treatment groups (Mental Health Worker [MHW] Model and Community Resource [CR] Model) with matched comparison groups, using a new set of cohorts each year within a pre-post paradigm. The original evaluation design is best conceptualized as involving multiple phases (3 years), using multiple levels of evaluation (process, impact, and indepth), and using a pre-post paradigm with data collection periods in the Fall and Spring of the contract year. The design is presented in Figure 1.

The Office of Management and Budget's long delay in approving the proposed process measures led to reconsideration of the overall evaluation design. In general, the reconsideration led to changes that contribute immeasurably to the quality and the interpretability of the data. These changes effectively expand the evaluation design to use different evaluation designs for different aspects of the study. Specifically, the changes indicate the:

(a) use of the summative approach to acquire descriptive and evaluative data about the program from Head Start teachers and parents;

(b) use of the repeated measures design in the acquisition of impact data;

(c) use of the goal attainment approach with program administration;

(d) use of a more formative approach to data collection at all sites in which the ethnographic approach is not used.

Evaluation Levels	Phase I		Phase II		Phase III	
	T_1	T_2	T_1	T_2	T_1	T_2
Process						
Impact						
Indepth						

Figure 1. CFMH Evaluation Design.

Relationship Between Quantitative and Qualitative Components

The adoption of the ethnographic approach for the evaluation of CFMH Programs was undertaken for several reasons. Generally, it increases the congruency between the purposes of the evaluation and the evaluation methods, while the ecological principles upon which the CFMH Project is based are consistent with the ecological principles upon which ethnography is based. Ethnography's naturalistic approach, in addition, enhances the study of real life events in the programs being evaluated.

While a quantitative evaluation design yields statistical patterns and outcomes among the variables in question, such a design typically falls short in clarifying how or why these have come about. This is particularly true for studies taking place in natural settings, because numerous intervening variables cannot be controlled as in a laboratory experiment.

The ethnographic component is specifically designed to reveal issues of process and context as they impact on CFMH implementation. With the addition of ethnography, cross-site patterns and generalizations can be more clearly illustrated thru specific case examples. At the same time, the variability and uniqueness of CFMH programs can be explained in terms of a local complex of interrelated variables which, again, is best done through the presentation of in-depth case material.

The Ethnographic Approach

The methodological approach which best complements the currently-used methods and has the greatest utility for meeting the global and specific objectives of the evaluation is the ethnographic approach. The ethnographic approach is one which can acqure qualitative and quantitative information via relatively long-term interaction with the subjects under study in their natural environment, thereby improving both the quality and interpretability of the data. These and other advantages will be discussed in the context of the following, which explicates how the ethnographic approach may be used to address potential problems in the quantitative design.

Limited observations. The disadvantages inherent in a maximum of 4 weeks' data collection per year can be effectively countered by the systematic use of participant-observers who interact with the Head Start personnel, children and families over the course of the school year. The number of observations using this approach increases many times as well as significantly lessens the impact of programs behaving differently during discrete data collection periods. Thus, the approach yields an immeasurably richer description of the preventive mental health interventions, thereby increasing the replicability of those interventions found to be effective.

Validity of observations and confounding of roles. The problem of teachers and other Head Start staff rating children, especially early in the school year, can be addressed by using independent observers/raters in the same setting. While teachers may continue to serve the dual roles of program implementors and evaluators, the independent observations by the participant-observers may allow an assessment of the effect of playing the dual roles. At least one set of data will be obtained by personnel (participant-observers) whose role is not confounded. The addition of the independent, participant-observers will also lessen the reliance on evaluations of teachers made early in the school year when they are the least familiar with the children.

Limited exposure to intervention. There is little guarantee that the effects of the intervention activities will be reflected by the dependent measures within the same year of the exposure. The presence of the participant-observers will allow for observation of changes too fine to be detected by end-of-the-year data collection procedures. Since it is not possible to extend the period of intervention or increase the time between Fall and Spring measures, the intensity of the measures can be increased with the intent of documenting the more subtle changes that may

occur within the school year.

While the technical improvements in the design are important, the results of these improvements argue most eloquently for the use of ethnographic methods. The increased improvement in the quality and interpretability of the data resulting from these changes will greatly enhance the meaningfulness and utility of the evaluative effort. A hypothetical example illustrates the point. The process component of the evaluation is designed to obtain an operationalized description of the preventive activities in each program. It documents the preventive activities specifying their frequency, the participants, purpose, etc. The procedure cannot systematically acquire information on the effect and emotional tone of the meeting. It is therefore possible to attribute a positive meaning to data suggesting that a program has significantly more parent meetings than other programs. In reality, the parents' meetings may reflect parents' concerns about problems they perceive in the operation of the program. The presence of a participant-observer will allow a description of the meeting in a manner that reflects the tone, utility, and outcome of the meeting. The amount of information obtained from a participant-observer's report of a meeting with parents would be much more than could be asked of Head Start staff without violating the principle of minimal obtrusiveness.

Goal of the Ethnographic Component

The overall goal of the Ethnographic Component is to adopt and implement a set of procedures to complement the quantitative aspects of the current evaluation design in a manner that strengthens the design explicated above. The specific objectives explicated below address particular aspects of the current design and are further elaborated in Part II of this document.

(1) To increase the number and scope of observation in two selected sites;

(2) To develop and implement a more indepth set of observations designed to (a) facilitate the indepth description of the intervention strategies used in CFMH experimental programs; (b) to document and evaluate the short-term effects of primary preventive interventions, and (c) to describe the affective component of the activities documented by quantitative procedures;

(3) To complement the quantitative data through the acquisition of qualitative data on a continuous basis;

(4) To provide an independent evaluation of children and families as well as the changes in some as a function of the primary preventive interventions.

Policy and Program Implications of the Ethnographic Component

The integration of the ethnographic approach into the CFMH Evaluation enhances the latter's potential for affecting policy decisions for Head Start programs, as well as other early childhood education programs. Increasing budget constraints at all levels of government, more sophisticated demands for service on the part of consumers, providers, and sponsors, and a solidifying social commitment to better understand and care for pre-school children all point to the need for evaluative efforts that will most usefully inform the decision process. In this sense, the blend of the ethnographic and standard approaches in the CFMH Evaluation is both a major step in the required direction, while serving as a model for other evaluation efforts with implications for policy formulation.

Better informed policy questions and decisions will result from the addition of the Ethnographic Component to the CFMH Evaluation. While quantitatively reported data can provide gross and "average" profiles of the uses of public resources for meeting policy goals, policy makers, as well as their constituents, are increasingly concerned over the actual, specific uses of these resources. Ethnography, through the in-depth reporting of specific case examples (e.g., of two CFMH programs; implementation of alternative primary mental health prevention models; day-to-day implementation activities and constraints; specific involvements of and effects upon actual program administrators, mental health personnel, teachers, parents, children, etc.) serves to facilitate this kind of accounting. Specific information such as that provided by ethnographic research is of direct value to the making and re-evaluation of policy. These processes are enhanced through the feedback of actual priorities, constraints, and experiences as reported from a sampling of real, rather than hypothesized or assumed field contexts.

Head Start and other early childhood education programs will benefit directly from a CFMH Evaluation that includes the descriptive strength of ethnography. An expected outcome of the evaluation project is a full description of conceptual and implementation issues surrounding an unprecedented attempt to develop primary preventive strategies in pre-school programs. The lessons learned from such an attempt will be systematically presented in a manual designed to guide other pre-school programs in their attempt to develop primary preventive mental health programs. The manuals will reflect successful means of overcoming implementation problems identified by the key personnel in the CFMH programs. Among issues likely to be addressed are ways of handling parent and/or community sensitivity to mental health issues, selecting mental health personnel with a primary prevention orientation, developing a philosophy of preventive mental health among staff, and maximizing the cooperation of parents as recipients of primary prevention intervention. The vehicle for generally applying the findings of the CFMH demonstration will be the sharing of these manuals; their utility will be maximized by their fullness and specificity resulting from a combination of quantitative and qualitative data bases. The manuals will be submitted to the Administration for Children, Youth and Families as a camera-ready document.

Design of the Ethnographic Component

Goals

This element of the CFMH Project evaluation has five primary observational goals to be conducted over an 8-month data collection phase at two pre-selected sites. These goals, which relate to both process and outcome variables of the CFMH Project, are listed below:

(1) Through intensive, unstructured but focused interviewing with teachers and other classroom staff, program administrators, mental health personnel, and others, obtain systematic information regarding their:

- o attitudes, beliefs, and knowledge about mental health;
- o attitudes, beliefs and knowledge about primary prevention;
- o Specific classroom techniques for achieving mental wellness and primary prevention, and observable behaviors for recognizing positive mental health and primary prevention when they occur.

(2) Develop two "inventories":

- o "An Inventory of Mental Wellness and Social Adjustment" which will be a compendium of culturally-sensitive behaviors evidencing, in children, qualities or states of mental wellness and social adjustment (or their absence).
- o "An Inventory of the Implementation of Mental Wellness and Social Adjustment in the Classroom" which will itemize those adult-based behaviors thought by those at local sites to promote, teach, or guide the mental wellness and social adjustment of their school children.

These inventories will be based on the interview material collected in (1) above, on materials available in the mental health literature, and through on-site observations in the classroom. One important use of the inventories will be in the construction of systematic observational protocols (see (3) below) for repeated use with classroom program participants.

(3) Conduct repeated observations of subsamples of CFMH program children and teachers during the school year. The observations will focus upon aspects of mental wellness and social adjustment (see Appendices A and B).

(4) Collect information using traditional participant-observer techniques developed within anthropology and allied disciplines on non-classroom CFMH implementation activities, e.g., orientation, training, counseling, consulting sessions, and other activities provided for CFMH staff and parents.

(5) Within a highly-focused observation "frame," use paricipant-observers to collect information on these factors, and the contexts within which they potentially affect the CFMH Project implementation, impact, effectiveness, generalizability, and/or evaluation.

Rationale

The focused ethnographic evaluation plan summarized above is based on the relationship of elements in the CFMH Project diagrammed below:

	Mental Health Model	Outcome 1	Outcome 2
Historical, cultural, intellectual context within which the CFMH program is situated.	"A" or "B"	Staff and Parents	Head Start Children

Figure 2. Relationship of CFMH Elements.

In this model of intervention, mental health professionals or trained paraprofessionals impact on teachers, aides, other staff, and parents through a variety of programs designed to acquaint them with the goals and techniques of primary prevention. The change in knowledge, attitude, or behavior of staff and parents over time is thus one way of measuring program effectiveness. Parents and staff, in the model depicted in Figure 2 directly impact upon the children rather than mental health personnel themselves. Changes in children's behavior related to culturally sensitized measures of mental wellness are a second outcome variable, and

provide some measure of program utility. Since program effectiveness, or lack thereof, may stem from factors other than the program itself, it is essential to monitor the socio-cultural, local political, and classroom mileus within which the CFMH programs operate.

A shortcoming of this ethnographic evaluation plan, however, is related to precisely this recognition that causes as well as indicators of program effectiveness do occur in extra-classroom milieus. Ideally, a focus on parent behavior and home adjustment aspects of the CFMH effort would have been included as part of the ethnographic component. However, budget limitations (i.e., one ethnographer per program), the priority to evaluate on-site CFMH implementation, as well as access and ethical issues of observing in the informal home setting, are all factors that work against a systematic parent/home focus to the ethnography. The ethnographers, however, will take advantage of any opportunity sample that may crop up in this area. One ethnographer (Indiana, PA) will accompany a caseworker on home visits; the other researcher (Georgetown, TX) will follow-up on invitations by parents to visit their homes.

Data Storage and Retrieval System

In order to expedite the coordination of qualitative data collected by the fieldworkers working semi-independently, a multi-faceted data storage and retrieval system has been established. This system is keyed to the five observational goals described earlier and is intended to be a major tool in the organization, reduction, and eventual analysis of the observational data.

Data storage and retrieval systems for qualitative data sets are comprised of two parts: format and index. Both may be used for organizational purposes. Format refers to the physical form notes will take and file structure itself. An index, on the other hand, much like the index of a text, allows the compiler to pair written materials with certain predetermined key words, or category headings. By denoting on what page of the field note set a certain heading may be found, the user may retrieve any and all information clarified under that heading.

Field notes for the CFMH program evaluation will be typed by the Focused Ethnographers (FE's) on 8½ x 11 paper, punched, and entered into three ring, loose-leaf binders, and stored. Duplicates will be sent to the Urban Institute weekly and filed there as well. A page code (see Appendix C) has been developed by which each separate page of field notes can be uniquely identified by fieldworker, by file structure, and by page within the file structure.

There are nine (9) files in the CFMH program evaluation (see Appendix D). The first file (File 1) is intended to organize all interview

data relevant to beliefs about, attitudes toward, and knowledge of mental wellness and primary prevention, as well as specific child behaviors by which mental wellness and primary prevention can be recognized. File 2 will contain all pertinent observational material related to the classroom implementation of mental health and social adjustment. File 3 organizes all remaining interview data not contained in File 1. Separate types of information will be accessed through the index system (see below). The sub-files of File 4 are designed to integrate all observations made by the FE's on training, orientation, counseling, consultation, and other specific site events by which staff and parents are given information regarding primary prevention and mental wellness.

File 5 contains all general field notes pertinent to process aspects of the CFMH Project. As with File 3, information will be retrieved using the index. File 6 will be reserved for the child observations and will include only observational narrative reports.

File 7 is the Daily Log. This permits both the FE's and the Supervisor of Ethnographers (SE) to monitor on a daily basis the amount of time spent on a site and in pursuit of the various observational goals, a running record of all contacts and observational periods, capsule accounts of daily activities with extensive cross-referencing to the remaining files where extended notes are maintained and available.

Files 8 and 9 are intended for the use of both the FE's and SE to combine, in two places, all emerging themes, ideas, identified patterns, and research avenues necessary for follow-up. These files will be used sporadically throughout the entire data collection phase.

Finally, an index with keyed numerical codes has been developed. This is a limited index reflecting the somewhat limited scope of the ethnographic observations to be undertaken. As can be seen from its organization (see Appendix E), it is limited only to items of information relevant to the impact, effectiveness, and implementation of the CFMH Project. It is organized hierarchically to allow the unobtrusive addition of further categories of information deemed to be relevant once fieldwork has begun. As the index and its use will be monitored by the SE, it permits direct comparison of data across sites. In actual operation, numerical codes will be entered in the margins of field notes and the field note page itemized by numerical code in a master index (see Appendix C).

Quality Control and Reliability

The effectiveness of the participant-observer approach rests heavily upon the ability of the researchers to make themselves a sensitive research tool by suspending their personal perspectives and becoming acquainted with the perspectives of those they study. If the strength of the approach lies in the abilities of the participants to make this change, the weakness lies in their ability to make the change too well. The possibility of over-identifying with those being studied must be recognized. The field plan addresses this potential problem in three ways:

(1) periodic trips back to the corporate office for meetings with the SE and other CFMH evaluation staff;

(2) periodic trips by the SE to the field sites; and

(3) constant interaction between the ethnographers and their supervisor around field notes, perspectives, developing hypotheses, etc.

Other techniques for checking data reliability are being implemented. Data received at the Urban Institute for Human Services is subject to random blind-coding by the SE (Appendix F). Confirmation and refinement of coding categories, as well as evaluation of the ethnographers' accuracy is insured in this manner. Moreover, the supervisor will conduct on-site parallel observations of children's behavior for assessing the reliability of the ethnographers' observations.

The significant disadvantages of the ethnographic methodology can be controlled through the use of a semi-structured approach with intense training, monitoring of data, and frequent interactions with the CFMH evaluation staff. With these procedures to address anticipated problem areas, the required tasks under the scope of work can be completely met, while insuring minimum levels of data quality and reliability.

Data Analysis

The nature of ethnographic research allows data analysis to begin before the data are received from the field. Data collection is done on a continuous basis so that the ethnographic research tasks of description, hypothesis formulation and refinement can proceed on a cumulative, empirical basis. Particularly in ethnographic research, these tasks are always tentatively complete with increasing finality deriving as a function of the length of the ethnographic work.

Data analysis will be a central priority of the ethnographic component commencing in spring 1981. Foreseeable tasks and products of this thrust include finer organization of the data, summaries of interim findings, interpretive discussions of specific CFMH concepts-in-use and implementation activities, summaries of common or unique patterns of organization or behavior in the two ethnographic sites, and increased collaboration with the CFMH evaluation staff responsible for statistical and conceptual analyses of the quantitative data. In ethnographic research, the ethnographer who has collected the data remains its primary analyst and interpreter. Thus, data analysis will be the primary task of the ethnographic component upon the ethnographers' return from the field in June. Eventually, the data from the ethnographic component will be analyzed both separately and with data from the other components of the evaluation.

Field Implementation of the Ethnography

Personnel Selection

Prior to the beginning of the current evaluation year, the Urban Institute for Human Services recruited, hired and trained a research scientist and two research associates to serve as the supervisor of ethnographers and focused field ethnographers, respectively. This staff, with input from an expert consultant in ethnography, was responsible for the development of procedures, protocols, and data organizing systems to implement in-depth, focused observations in the selected field sites.

The Urban Institute for Human Services has developed a procedure for the recruitment of senior staff that takes advantage of the rich resources in the Bay Area, other sections of California, as well as selected resource centers across the country. For Bay Area recruitment, the Institute has established a mailing list to which job announcements and job descriptions are routinely sent. The list includes:

(1) The placement officers of the major colleges and universities in the state;

(2) Newsletters of national, state, and local professional organizations;

(3) Major research organizations in the area;

(4) Members of Advisory Committees of all Urban Institute projects; and

(5) Associates of The Urban Institute.

Recruitment of support staff involved advertising in the classified advertisements of the Bay Area newspapers.

Supervisor of Ethnographers. Responsibilities and duties of the SE include:

(1) Train ethnographers in observing, recording, note-taking, narrative writing, interviewing, role management and ethics, formatting and indexing field notes, data reduction and analysis;

(2) Monitor the data collection activities of ethnographers through review of their field notes and reports at the corporate offices and at the Head Start field stations;

(3) Supervise the development of a coding and filing system, planning for the storage and

retrieval of information, and insuring quality control;

(4) Prepare/select focusing agendas to be used by ethnographers in data collection;

(5) Supervise data analysis of data collected by ethnographers;

(6) Work cooperatively with research scientist responsible for the collection and analysis of data derived from strictly quantitative methods; and

(7) Prepare periodic and final reports of the ethnographic component of the evaluation.

The SE has had considerable experience in participant-observation, development of coding plans, storing and retrieving data, and supervising participant-observers in educational settings. The SE reports directly to the CFMH Project Director and works closely with the expert consultant in ethnography.

Focused Ethnographers. The duties and responsibilities of the FE's include:

(1) Review all documents associated with the CFMH Project and its evaluation to become familiar with the entire project;

(2) Visit at least one Head Start Center in the Bay Area;

(3) Participate in the development of focusing agenda quality control plans, coding and filing systems, and data analysis plans for use during Phase III;

(4) Participate in training programs designed to train and standardize ethnographers' observation, coding, data reduction, etc. procedures;

(5) Set up field stations and on-site observations as an aspect of training; and

(6) Make all arrangements to set up field stations in selected Head Start programs for Phase III data collection.

The ethnographers have masters degrees in an appropriate behavioral or

social science, as well as some experience in participant-observation, interviewing, and/or other forms of data collection. The ethnographers were screened for writing skills, sensitivity to cultural variations and motivation. Ethnographers were expected to be self-starters, perceptive, with demonstrated ability to work in semi-structured situations.

Secretary. The duties of the secretary were designed to meet the support needs of the ethnographic team. In addition to traditional secretarial duties of scheduling, maintaining calendars, screening calls, composing letters, filing, etc., the secretary has a substantial load of typing notes and manuscripts, and maintaining a filing system for qualitative data.

Expert Consultant. Harold Levine, Ph.D., from the Department of Education, UCLA, serves as the expert consultant to the CFMH Ethnographic Component. His experience in ethnographic methodology, training of qualitative researchers, and in the blending of quantitative and qualitative data makes him an invaluable resource to the ethnographic effort.

Training of Focused Ethnographers

The training of the two FE's was undertaken over an intensive 10-day period totalling approximately 80 hours. The training, modified from an experientially-based course taught at UCLA over the past seven years by the two trainers (Levine, Gallimore, Weisner, & Turner, 1980), stressed six essential skill domains: role management, ethics, observing, recording, data storage, and data reduction analysis. While general skills and issues were addressed, every effort was made to key the training to the foreseeable problems and site demands that the FE's would likely encounter.

Appendix G summarizes the training program itemizing major domains of instruction (e.g., role management, recording), skill-building goals, and actual training session format and content. As can be seen, the training mixed general observational goals with specific background material on the Urban Institute, evaluation research, mental health and primary prevention, and the Child and Family Mental Health Evaluation. Drs. William Hayes and Thomas Hilliard and Jose Macias were responsible for this latter set of materials.

In terms of the observational training, the first four days of instruction introduced the major issues in participant-observation research so that the FE's could be comfortable collecting data related to a mini-project of their own design at a local Head Start center. Specifically, the first four days of the observational training were meant to achieve the following goals:

- Introduce the overall training plans for the 10-day period and the style of experientially-based training that would be used;
- Establish the principles of role management

in participant-observation field research, and situate the exercises and discussions in terms of the ethnographers' own field evaluation project;

- o Discuss ethical, legal, and policy issues related to field evaluation research;
- o Introduce the flexible use of field note styles;
- o Develop the use of question-generating as a field and note-focusing technique;
- o Guide the staff in designing and actually implementing a mini-project at a local Head Start site; and
- o Review common terms and concepts in the field of qualitative research.

1. Introduction

The training program began with a combination of trainer exhortations and immediate fieldwork experience. Initial introductions were followed by a review of some of the principles underlying effecting fieldwork at any site: self-reliance of the researcher; experiencing and participating in the tasks and skills, rather than merely discussing them; matching conceptual issues to actual tasks relevant to the particular contract and field setting the trainees would be in; and the importance of using existing skills in new ways.

Very early in the training, an exercise was used to concretize the idea of linking the training with actual fieldwork and evaluation goals. Each staff member was asked to imagine writing a page of field notes on a chosen topic, and to read a paragraph aloud. Everyone discovered that even in the imagination this is a hard task to do. What will final prose look and sound like? What will be its focus? Then staff was asked to imagine that final reports and executive summaries were being written, and to read imaginary paragraphs aloud. The trainees found this to be quite difficult and discovered that the examples of notes had little to do with the executive summary in form, content, or style. The goal of focusing on the production of structured notes as data, and keeping the final reports and design in mind was emphasized.

2. Role Management

The staff undertook an initial field exercise by observing for one-half hour at the adjacent Montessori School. Field notes were produced on what was done and discovered. Through this experience, a series of

issues in role management were introduced. Subsequent discussion and the use of selected examples and research literature allowed the development of the following points:

- o Making initial contacts; having a plan for this; sequencing;
- o Presentation of self; definition of roles; body language;
- o Initial disclosure and information plan;
- o Keeping a diary;
- o Consciously having a strategy for role negotiations;
- o Monitoring reactivity and obtrusiveness; having a plan for regulating this problem;
- o Knowing the legal and other permissions needed to do field work;
- o Understanding others' cognitive maps, their concerns, fears in terms of the researcher's role; being clear about implicit assumptions of others;
- o Planning ahead from the beginning for a role change as the year proceeds, and for termination of the study.

"1 minute talks" and "5 minute talks" that are useful when initially meeting other people at the sites and in the community, for explaining one's purposes for being on site, were practiced. The importance of confidence and practice in these brief initial self-presentations and presentations of the project were emphasized.

3. Ethics

Over 10 hypothetical cases were presented to the staff concerning real fieldwork problems including showing data in the field, observing illegal events, how to deal with political in-fighting, making judgments about competence, and others. A set of situational procedures were discussed for making field decisions about such matters. Referral to the Urban Institute was stressed, as well as keeping legal and moral responsibilities in mind.

4. Field Note Methods

A field exercise was developed for staff to practice taking notes

in a variety of different styles. Three primary styles initially used were holistic note styles, radical empiricist styles, and focused observer styles. Staff did field notes using each style, then read and discussed them as a group.

Different stages of field notes were discussed, from the raw note state on the spot, to rough notes, to finished final notes (= data). The importance of allowing approximately two or more hours of note work for every hour of fieldwork was emphasized, as was the division of the note page into sections for initial narrative and additional materials generated later.

5. Question-generation

Staff did a field exercise to generate questions about the Montessori school site, and then discussed how to use question-generation in the context of on-going field research. Its importance as a priming and "psyching-up" mechanism was emphasized, as well as its role in keeping the field work explicitly focused on goals relevant to the evaluation contract and to the needs of the interim and final reports to agencies. The fine distinctions between answerable and unanswerable questions were discussed, and the levels of questioning in the field appropriate to fieldwork roles and relationships were stressed.

6. Design of a Mini-Project

Staff generated a researchable question and prepared an initial fieldwork design to explore the topic at a Head Start site in Oakland, California. The steps in preparing such a design were reviewed, and one morning was spent in the field doing a preparatory field trial on the feasibility of the questions and the strategy developed to address it.

7. Terms and Concepts in the Field

Lecture time was reserved to review some of the key terms and definitions in the field of qualitative research methods; to briefly cover the strategic question of when to interview versus observe directly; and a brief overview of some of the methods of training currently available in this field. Some illustrations from other ethnographic evaluations were discussed, and bibliographic materials on participant-observation were available to the staff.

The second 3-day observational training period was primarily devoted to the refinement of data collection skills. Specifically, training focused on the following skills: (1) formatting and indexing field notes and actual development of the data storage and retrieval system to be used by the Urban Institute; (2) focused interviewing; (3) use of mnemonic and shorthand skills in transferring complex, multi-level, multi-dimensional, rapidly occuring behaviors into hand-written narrative accounts; (4) continued fieldwork at the local Head Start site

on mini-projects defined earlier in the training and on additional exercises related to classroom material.

8. Formatting and Indexing

The trainees were introduced to the major organizational and conceptual principles involved in formatting and indexing field data. They were told how file structures can be established to complement observational questions, the places of files in eventual data reduction and analysis, and the importance of balancing specificity in data collation with flexibility as new understandings arise during the course of fieldwork. They were taught about the hierarchical organization of indexes, how point of view of the observer (whether as "insider" or "outsider") affects the choice of index terms and how index numerical codes can be paired with written narrative data for latter retrieval.

With this background as well as their limited field site experience, the FE's and trainers developed the data storage and retrieval system which the FE's will actually use at their sites. The FE's, therefore, not only helped produce this system, but were party to the discussion on the rationale for and intricacies of its use. Additionally, review and monitoring procedures were established with the SE. The final product was designed to be as straightforward as possible. The nine files and the index numerical code may be found in Appendices D and E. The FE's practiced with the completed system on their own field notes generated over the part-time days at the local Head Start site. In the process, additional problems were resolved.

9. Interviewing

The interviewing exercise consisted of four sections, each meant to approximate in progressive stages an actual field site focused interview. Initially, the FE's were introduced to focused interviewing through lecture material intended to show the general features of this interview type, as well as its strengths and limitations. It was compared with the more informal "jawboning" which is inevitably done in field research and the highly structured survey or questionnaire format.

During the second phase of training, the FE's were shown videotapes of two actual interviews. The FE's were instructed to watch these and take notes on characteristics of the informant, interactional strategies used by the interviewer, and question-asking skills and types. Their notes served as the basis of the discussion which, in turn, was designed to sensitize them to the multiple data sources available in an interview other than the mere content of the spoken words, and to monitoring, question-asking, and observational/interactional skills involved in this form of data elicitation. The FE's were specifically enjoined to attend to their postural and paralinguistic indicators of interest, to the quality of the informant's answer given the information desired, the development of interview agendas, the use of probes, "devil's advocate" questions, "hypothetical" questions, "idea/typical" questions, and the like.

After this exercise, the two FE's were asked to develop an interview agenda (on a topic devised by the trainers) with which they would practice interviews with each other for 10-minute periods. Their interviews with each other were monitored by the trainers and, when completed, the FE's were given feedback on their "performance." The FE's own written experiences about the interview experience when it was over served as the basis for enusing discussion.

The final aspect of the interview training was to ask each FE to develop another agenda on a topic related to their mini-project which they would use the following day at the Oakland Head Start site. Informant selection issues were also discussed. A follow-up discussion was held to further address the issues of interviewing, based now on this experience.

10. Mnemonic and Shorthand Devices

Observing and recording complex, rapidly occurring behavioral events is often an overwhelming task. Though the issue of focusing or framing one's observations had been addressed earlier in the training, knowledge of more specific techniques is required. As a result, a videotape of a complex event was played and the FE's were asked to produce raw field notes.

In the following discussion, an attempt was made to systematize some of the procedures which had already been developed and to introduce additional ones. These included the use of diagrams or maps, single word glosses for complex behaviors which could be developed more fully later, the use of wide margins and non-sequentially entered data, question marks where some detail of a fact is in doubt, the use of parenthetical expressions, etc.

The last three days of the observational training were primarily concerned with addressing the issues related to data reduction and analysis.

11. Data Reduction and Analysis

Lecture material focused on the organization and use of qualitative data to answer research questions. General topics in this lecture material included the issues of what constitutes "proof" in social science research, how pattern generalizations are constructed from qualitative materials, the place of "insight" in the data analytic process, and methods of data aggregation, such as descriptive accounts, typologies, patterns, and matrix formulations. Examples of data aggregation were distributed. In addition, the FE's were asked to use their own field notes for summary descriptive purposes, i.e., to describe a "typical" day at the local Head Start site, to illustrate a particular concept identified there, and so forth.

The final project for the FE's was to complete the data reduction, analysis, and write-up for their mini-study. The trainers served as "consultants" for them in the process. Both FE's read their analysis and discussion time was used to critique these and provide additional information related to qualitative data analysis. There was a group discussion on how to develop a creditable argument, documentation of facts, assessing the

variability inherent in certain data types, presentation of evidence, and the like.

Entry into Field

Trained participant-observers began focused ethnographic observations in October, 1980, at two CFMH program sites (Indiana, Pennsylvania, and Georgetown, Texas). Previously in September, the directors of these two programs and the mental health worker at the Georgetown site came to the UIHS offices in San Francisco to meet with the CFMH Evaluation Director, the SE, and one of the FE's (the other one had not been hired at the time) to discuss the purposes and goals of the ethnographic component. During the first week of October, the SE and the two FE's made initial site visits to introduce the latter to their assigned Head Start programs, program directors, CFMH and other staff. In addition to providing an opportunity to conduct preliminary observations and meetings with program personnel, these visits allowed the FE's to arrange housing and other matters related to relocation to the local community.

These initial contacts with Head Start and CFMH Project personnel were designed to meet four primary objectives:

- o Gain entry and establish rapport;
- o Develop a working relationship and an appropriate role for the FE on site;
- o Begin documenting aspects of the CFMH program, site, history, participants, setting and any relevant variables affecting impact; and
- o Begin interviews with teachers, aides, administrators, and CFMH personnel by way of gauging the knowledge base relevant to mental wellness and primary prevention.

During the first four weeks of data collection, the ethnographers completed all relevant interviews. This interview data performs three important functions in the overall evaluation of the CFMH Project. First, it represents a "baseline" against which additional interview material collected at the end of the school year can be compared. Obviously, an important aspect of the impact of such a program would be an increased knowledge of and better attitudes toward primary prevention and mental wellness by program participants. Content analysis will allow the Urban Institute to document any significant changes.

Second, the interview material will be used to assess the degree of overlap in knowledge and attitudes held by program participants. At issue is how much individual variance may be found in this regard and whether Head Start children are being subjected to contradictory demands from the adults on site.

Third, the Urban Institute used the information gleaned from these interviews to construct an inventory of behaviors by which adults in the CFMH Project recognize mental wellness or social adjustment (or their absences) in children, and an inventory of classroom behaviors by which staff further mental wellness or social adjustment. These inventories were then merged with the results of actual classroom observations undertaken by the FE's as well as behaviors identified in the literature to be related to mental wellness, to construct a formal observational agenda. This agenda was completed in December (Appendices A and B).

The observational agenda guides the observation of both child and teacher behaviors related to mental wellness and social adjustment. Half-day samples of behavior two times a year (December and May) were planned, allowing comparison of performances over the course of the school year. A sample of 20 children at each site was selected for these focused observations undertaken by the FE's. In addition, interim "tracking" observations of half this sample were added to provide a developmental perspective to the observations.

Process data are also being collected by the FE's throughout the 8-month data collection period. Interviews with staff and community persons, classroom observations, informal discussions, unobtrusive measures (e.g., newspaper articles or CFMH program brochures), and attendance at all counseling/orientation/training sessions will all be used to describe the CFMH Project, its history, and socio-situational correlates of its operation. Traditional ethnographic field notes will be kept with their strict distinction between observed event and "subjective" interpretation. The fieldworkers have been trained to recognize, document, and gauge the consequences of reactivity. Their observations while in the field will be guided by an index which serves as both a sensitizing instrument of aspects of behavior to look for and as one basis for the data storage and retrieval system.

Summary of Field Experiences

The ethnographers' field experiences have been highly successful to date. Three main factors account for this success. First, a careful selection process led to the hiring of two ethnographers with the requisite personal qualities and professional experiences which guaranteed the placement of extremely competent personnel in the two selected programs. Secondly, an intensive training experience, derived from one of the most innovative and effective university programs to train applied ethnographers, prepared the researchers with valuable knowledge and skills for successful implementation of their ethnographies. Finally, the Urban Institute was able to identify two Head Start programs that not only were interested in participating in the ethnographic project, but that provided program characteristics and indications of implementation activities that would yield rich, in-depth data for the CFMH evaluation. Initial meetings with these programs' administrators as well as continuing, close contact with these projects have enhanced the progress of the field ethnographies.

The initial phase of the field ethnography focused on observations

and inquiry geared for familiarization with the two Head Start programs. Furthermore, these were intended to outline the scope and elements of the experimental CFMH Project in the two programs in a general way. Collection of interview material on site-specific attitudes, beliefs and activities related to mental health, primary prevention, and CFMH program implementation was a specific task during this period.

During the first two weeks of December, focused observations of 20 children were carried out at each of the two sites. These observations focused upon aspects of mental wellness and social adjustment as observed in the classroom behavior of individual children. Appendix A outlines the process and content of these observations.

The ethnographers were brought in to the Urban Institute's offices in San Francisco in mid-December. At this time they shared their field experiences with the entire CFMH Evaluation staff, reporting on CFMH organization and implementation activities in the Georgetown and Indiana programs. Emerging trends and patterns were discussed in a hypotheses-generating context intended both to focus the remaining ethnographic work and to guide the descriptive and interpretive tasks of the overall evaluation.

This period also permitted the Ethnographic Component staff, together with the expert consultant, to review and evaluate the progress of the ethnographers. Implementation issues such as role management problems, data collection strategies, observational foci, use of the data storage and retrieval system, logistical issues, etc., were dealt with. Improvements based on initial fieldwork experiences were made on the Child Observation Agenda (Appendix A) and a Teacher Observation Agenda (Appendix B) was developed. Plans for conducting these and other observations of CFMH implementation activities were made, and special attention was given toward the development of new observational foci for the ethnographers' return into the field.

The ethnographers returned in early January to their assigned programs. Since then, new foci of investigation have been initiated at the ethnographic sites. In Georgetown, Texas, the ethnographer has begun collecting systematic information on Mrs. Rosetta Rose, mental health worker, as a case example of a key implementor in the CFMH Mental Health Worker program model. He will document aspects of Mrs. Rose's personal and professional experience, and the relationship of these to CFMH implementation in the Georgetown program. Among these areas are personal background, experience in Head Start or other early childhood education programs, development of interest in mental health, specialized training and professional supervision, orientation toward primary prevention and child development, CFMH responsibilities, etc.

The other ethnographer is compiling information on the relationship between the Indiana, Pennsylvania, CFMH program and the local mental health services agency. Again, the emphasis is on a "case study" approach which, in this instance, is the CFMH Community Mental Health Resources model linkage. Elements of this to be explored include initiation of the CFMH Community Resource linkage, including processes of negotiation and compromise,

implementation and maintenance of contracted agreements, budget considerations, administrative issues, personnel training and skills, logistical issues, and program/agency-specific characteristics, etc.

The field ethnographers are each continuing to make "tracking" observations of ten selected children. These are in addition to "snapshot" observations of 20 children in each program (out of which the sub-sample of ten is derived). One observation was completed in December, 1980, and the other scheduled for spring, 1981.

Ethnographic data collection, of course, continues in all areas of CFMH implementation, through observation of classroom and CFMH-specific activities (e.g., training and other meetings), as well as interviews with key CFMH personnel.

The ethnographers' final return to UIHS was during the week of March 16, 1981. At this time, final revisions of the child observation plan were made, new observational foci were discussed, and the progress of the ethnographic component was reviewed. Briefings were held with the entire CFMH staff with an emphasis on specific ethnographic findings and interpretations in the context of the overall CFMH evaluation. The ethnographers shared some of their experiences with the staff and trainees involved in the CFMH Site Monitor training which took place during the same week.

The ethnographers are now in the final phases of the ethnographic fieldwork and arrangements for their return to UIHS in June are being made.

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APPENDIX A

CHILD OBSERVATION AGENDA

CHILD FOCUS SENSITIZING AGENDA FOR OBSERVING BEHAVIORS RELATED TO MENTAL WELLNESS AND SOCIAL ADAPTATION - "LONGITUDINAL" STUDY

I. OBSERVATIONS - CONTENT

A. Gross Behavioral "Complexes" to observe:

1. Expression of feelings
   - Own
     - Child talks about his/her feelings
     - Child shows feelings - e.g., becomes angry, cries, laughs, seems "withdrawn".
   - Sensitivity to others

2. Disruptive/competitive/segregating/rule disobeying behavior vs. helping/sharing/joining/rule following behaviors.

3. Autonomy/self-sufficiency/integrity vs. dependency.

B. All of the above may be conditioned by one or more of the following:

1. Type of expression - overt vs. subdued.
2. Classroom or cultural or interactional "appropriateness".
3. Cultural/classroom/local definitions of any of the above categories
4. Prior incidents or understandings or experiences the child may have had.

II. OBSERVATIONS - PROCESS

A. 10 children selected from 2 centers who are among the 20 randomly selected sample for the "snapshot" observations. Each child will receive 1 1/2 days of observation over 3 one-half day periods carried out within a one week period. All 10 children will be observed for 1 1/2 days in January, February and, again for 1 1/2 days in March, April.

B. Observations are to be open-ended and fully "contextual", that is, incorporating all aspects of setting and history. Children (2 at a time) are to be monitored with an emphasis placed upon "critical", or otherwise important incidents.

III. THE GOALS OF THESE OBSERVATIONS ARE:

A. To serve as a validity check on the "snapshot" observations taken during T, (Dec., 1980) and TZ (May, 1981).

B. To document, at the child level, aspects of classroom management related to promoting mental wellness and crisis intervention.

C. To document the consistency of the mental health-related behaviors of specific children and differences/similarities accross children.

D. To learn more of how mental wellness/maladjustment may be seen in the classroom through observational research. To define the concepts themselves.

E. To ascertain any changes in mental health related behaviors of children over a 4 1/2 month period.

F. To supply the UIHS with information relevent to the degree to which locally defined goals for promoting mental wellness in children through classroom techniques are actually implemented at the local Head Start centers.

APPENDIX B

TEACHER OBSERVATION AGENDA

TEACHER FOCUS SENSITIZING AGENDA FOR OBSERVING BEHAVIORS RELATED TO PROMOTING MENTAL WELLNESS/PRIMARY PREVENTION AND SOCIAL ADAPTATION "LONGITUDINAL" STUDY

I. OBSERVATIONS - CONTENT

A. General - Karen and Tom

1. Helps child express feelings - toward self or others.

2. Approach toward disruptive competitive/segregating/rule disobeying behaviors.

3. Approach toward helping/sharing/joining/rule following behaviors.

4. Helps encourage autonomy/self-sufficiency/integrity.

5. Promotes dependency in children.

6. Inconsistencies in behavior (over time or among children).

7. Specific attitudes toward individual children.

8. Use of and relation to professional and paraprofessional mental health services and personnel.

B. Specific - Tom

1. Helps children who are perceived as unable to handle "all the choices" or who are otherwise "shy".

2. Helps children manage their desires by controlling or changing the environment.

3. Shows respect for children and their individuality, e.g., by using their names.

4. Recognizes situations over which they have no or only minimal control (e.g., in the child's family) which might be problematic for the children and monitoring them.

5. Listens to child's speech (or lack of) for indicators of potential problems.

6. Orientation to the I.A.D. (copy to be furnished).

C. Specific - Karen

1. Enforces "no hit" policy.

2. Uses "time out" chair: when, with whom and why.

3. Does not stigmatize the child or his/her family in public.

4. Constrains child's behavior which is "too active" or otherwise dangerous. (What does teacher see as "dangerous"?)

5. Encourage "positive" fantasy.

6. Discourages "negative fantasy (e.g., "playing with guns").

7. Focuses on child who is setting a good example.

8. Puts stars on classroom chart to reward good behavior during structured time.

9. Consults with Guidance Center staff for specific advice on individual children or about classroom behavior management techniques.

10. Encourages social interaction.

11. Anticipates guidance needs for individual children.

12. Encourages social competency.

13. Uses positive models of role-playing.

14. Helps children adjust to demands.

15. Expresses affection.

16. Encourages problem-solving behavior.

17. Attends to peer relations among the children.

18. Uses "sharing" day and other techniques to touch on child's interests and to relate these to classroom goals.

19. Use of suportive non-verbal signs.

D. All of the above may be conditioned by one or more of the following:

1. Type of expression: overt vs. subdued.

2. Cultural or teacher definitions of any of the above.

3. Prior incidants or experiences the teacher may have had, either in general or with the particular child.

II. OBSERVATIONS - PROCESS

A. Two teachers selected from two centers who have charge over at least some of the 10 children selected for study in the child-focus: Longitudinal study. Each teacher will receive 2 days of observation in one-half day periods spread over 2 weeks. This will be repeated 4 times, once in January, once in February, March and April.

B. Observations are to be open-ended and fully "contextual",

that is, incorporating all aspects of setting and history. Emphasis may be placed upon "critical", or otherwise important incidents.

III. THE GOALS OF THE OBSERVATIONS ARE:

A. To document, at the teacher level, aspects of classroom management related to promoting mental wellness and primary prevention.

B. To assess the degree of primary vs. secondary and tertiary classroom intervention.

C. To document the consistency of a teacher's mental health approach (as well as the degree to which this is a conscious intervention) as well as to assess this over time and among children.

D. To learn more of how mental wellness/primary prevention may be seen and documented in the classroom through observational research. To define the concepts themselves.

E. To ascertain any changes in mental health-related behaviors of teachers over a 4 1/2 month period.

F. To supply the UIHS with documentation relevant to the degree to which teacher defined goals for promoting mental wellness/primary prevention in children through classroom techniques are actually implemented in classrooms.

APPENDIX C

PAGE CODES AND MASTER INDEX

PAGE CODES

T	F	SUB-F	PAGE
K	#	#	
J			

EXAMPLE:

K 3 . 8

J 4a. 5

INDEX - K/T/J

INDEX #	FILE 1	FILE 2	FILE 3	FILE 4	FILE 5	FILE 6
1.0						
1.1						

INDEX - K/T/J

INDEX #	FILE 1	FILE 2	FILE 3	FILE 4	FILE 5	FILE 6
1.2						
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INDEX - K/T/J

INDEX #	FILE 1	FILE 2	FILE 3	FILE 4	FILE 5	FILE 6
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1.2.3						

INDEX - K/T/J

INDEX #	FILE 1	FILE 2	FILE 3	FILE 4	FILE 5	FILE 6
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1.3.1						

INDEX - K/T/J

INDEX #	FILE 1	FILE 2	FILE 3	FILE 4	FILE 5	FILE 6
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INDEX - K/T/J

INDEX #	FILE 1	FILE 2	FILE 3	FILE 4	FILE 5	FILE 6
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INDEX - K/T/J

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INDEX - K/T/J

INDEX #	FILE 1	FILE 2	FILE 3	FILE 4	FILE 5	FILE 6
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1.3.6						

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INDEX - K/T/J

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INDEX - K/T/J

INDEX #	FILE 1	FILE 2	FILE 3	FILE 4	FILE 5	FILE 6
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1.6						

APPENDIX D

FILES

Page Code _____

FILE 1:
INTERVIEW INFORMATION ON
MENTAL HEALTH AND SOCIAL ADJUSTMENT

(A) ATTITUDES, BELIEFS, AND KNOWLEDGE ABOUT MENTAL HEALTH

NO. OF ENTRY	NAME	POSITION	DATE INTERVIEWED	DATE WRITTEN UP

Page Code _____

FILE 1:
INTERVIEW INFORMATION ON
MENTAL HEALTH AND SOCIAL ADJUSTMENT

(B) ATTITUDES, BELIEFS, AND KNOWLEDGE ABOUT PRIMARY PREVENTION

NO. OF ENTRY NAME POSITION DATE INTERVIEWED DATE WRITTEN UP

Page Code _____

FILE 1:
INTERVIEW INFORMATION ON
MENTAL HEALTH AND SOCIAL ADJUSTMENT

(C) SPECIFIC CLASSROOM TECHNIQUES FOR ACHIEVING MENTAL HEALTH AND PRIMARY PREVENTION AND BEHAVIORS OF CHILDREN BY WHICH MENTAL HEALTH AND PRIMARY PREVENTION CAN BE RECOGNIZED.

NO. OF ENTRY	NAME	POSITION	DATE INTERVIEWED	DATE WRITTEN UP

Page Code _____

FILE 2:
INFORMATION ON THE IMPLEMENTATION OF
MENTAL HEALTH AND SOCIAL ADJUSTMENT

NO. OF ENTRY CLASSROOM CENTER DATE OBSERVED DATE WRITTEN UP

(CONTEXT: ADULTS PRESENT; NAMES OF CHILDREN PRESENT; CLASSROOM PERIOD(S); GENERAL BACKGROUND ACTIVITY).

Page Code _____

FILE 3:
INTERVIEW DATA NOT CONTAINED IN FILE 1

ENTRY NO. NAME POSITION PLACE WHERE INTERVIEWED LENGTH OF INTERVIEW

DATE OF INTERVIEW DATE OF WRITE-UP BACKGROUND INFORMATION (OPTIONAL)

(Filed alphabetically by last name of interviewee and chronologically within interviewee).

Page Code _____

FILE 4:
CFMH SESSION TYPE

(A) TRAINING

ENTRY NO. (NAME OF PARTICIPANTS AND POSITIONS; PLACE; DATE OF OBSERVATION; DATE OF WRITE-UP).

Page Code _____

FILE 4:
CFMH SESSION TYPE

(B) ORIENTATION

ENTRY NO. (NAME OF PARTICIPANTS AND POSITIONS; PLACE; DATE OF OBSERVATION; DATE OF WRITE-UP).

Page Code _____

FILE 4:
CFMH SESSION TYPE

(C) COUNSELLING

ENTRY NO. (NAME OF PARTICIPANTS AND POSITIONS; PLACE; DATE OF OBSERVATION; DATE OF WRITE-UP).

Page Code _____

FILE 4:
CFMH SESSION TYPE

(D) CONSULTATION

ENTRY NO. (NAME OF PARTICIPANTS AND POSITIONS; PLACE; DATE OF OBSERVATION; DATE OF WRITE-UP).

Page Code _____

FILE 4:
CFMH SESSION TYPE

(E) SITE SPECIFIC EVENTS

ENTRY NO. (NAME OF PARTICIPANTS AND POSITIONS; PLACE; DATE OF OBSERVATION; DATE OF WRITE-UP).

Page Code _____

FILE 5:
GENERAL FIELD NOTES ON
DESCRIPTIVE ASPECTS OF PROGRAM

DATE OF OBSERVATION DATE OF WRITE-UP SOURCE

Page Code _____

File 6:

FOCUSED OBSERVATIONS

CHILD NAME/CENTER/TIME OF OBSERVATION/
DATE OF OBSERVATION/DATE OF WRITE-UP

FILE 7 - DAILY LOG

Day/ Date	Classroom/ Teacher/ Child Observation	Time Of Day	File Page Number	Comment	Mental Health Session Type	Time Of Day	File Page Number	Comment	Interview	Time Of Day	File Page Number	Abstract	Miscellaneous	File Page Number

Page Code _____

FILE 8: IDEA FILE

Page Code _____

FILE 9: FOLLOW-UP FILE

APPENDIX E

KEY TO INDEX NUMERICAL CODE

KEY TO
INDEX NUMERICAL CODE

1.0 Variables potentially affecting CFMH Program implementation, impact, effectiveness, generalizability, and/or evaluation.
- This is meant to be an "exploratory" index item in which the focused ethnographers enumerate and investigate internal and external dimensions of the CFMH project which might impact upon either the implementation or outcome of the model. Dimensions which become more fully identified and refined will be given a specific numerical code and entered below.

1.1 History
- Of the Head Start site, of the CFMH program (including history of application process, funding, staffing, turnover/attrition, community outreach, etc.)

1.2 Setting Descriptions

1.2.1 Town/Neighborhood

- Includes description of population (size, racial/ethnic composition, language use patterns, SES), physical environment, house types and condition, etc.

1.2.2 Head Start Site/Centers

- Includes location in neighborhood, description of facilities, busing program, student population (size, racial/ethnic composition, language use patterns, SES), size of staff, number of classrooms, floor plan, etc.

1.2.3. Classrooms

- Materials and resources (human and non-human) available, student population (size, racial/ethnic composition, language use patterns, SES), floor plan, schedule of activity periods, division of responsibilities, etc.

1.3 Cast Of Characters
- Any statements or observations relevant to the site or center participants as a group (especially regarding their dedication, competence, background, "type", etc)

1.3.1 Administrators

- Any statements or observations relevant to site, center, and/or CFMH administrative personnel as a group (especially regarding their dedication, competence, background, "type", etc.)

1.3.1.1. Individual Administrators

- Any information or observation on individual site, center, or CFMH administrative staff (includes physical description, personal histories, interaction style, competence, dedication attitudes to knowledge of mental health and primary prevention etc.). Use a separate fourth digit in the code for each administrator.

1.3.2. Teachers

- Any statements or observations relevant to the local teaching staff as a group (including information on teaching skill, interaction style, relations with administration, dedication, etc.).

1.3.2.1. Individual Teachers

- Any statements or observations relevant to individual teachers at the centers (includes physical description, personal histories, teaching and interaction style, competence, dedication, attitudes to knowledge of mental health and primary prevention, etc). Use a separate fourth digit in the code for each teacher.

1.3.3. Other Staff

- Any statements or observations relevant to the local support staff -- e.g., classroom aides and volunteers, maintenance staff, as a group (including information on their dedication, competence, teaching duties and skills, background, "type," etc.) Does not include any mental health staff (see below under 1.3.5).

1.3.3.1 Individual Staff Members

- Any statements or observations relevant to individual staff members at the centers (includes physical description, personal histories, teaching styles, duties, competence, dedication, attitudes to/knowledge of mental health and primary prevention, etc). Use a separate fourth digit in the code for each staff member.

1.3.4. Parents

Any statements or observations relevant to parents of the CFMH project children as a group (including their orientation to and cooperation with the CFMH program, home life, general attitudes and parenting skills, backgrounds, etc).

1.3.4.1 Individual Parents

Any statements or observations relevant to individual parents of CFMH children (includes physical description, personal histories; attitudes to/knowledge of mental health and primary prevention, home life, parenting skills, etc.) Use a separate fourth digit in the code for each parent. If a parent serves in the school or center as an administrator, teacher, or other staff position give them a "parent" code but cross-reference to the appropriate "non-parent" code where data on them is to be filed.

1.3.5 Mental Health Personnel

- Any statements or observations relevant to the mental health professionals or paraprofessionals as a group (including competence, training, background, dedication, etc.).

1.3.5.1 Individual Mental Health Personnel

- Any statements or observations on individual mental health professionals or paraprofessionals connected with the local CFMH project whether on site or out (including physical description, interaction style, training, background, duties competence, attitudes to knowledge of mental health and primary prevention, etc.) Use a separate fourth digit in the code for each mental health worker.

1.3.6. Children

- Any statements or observations relevant to CFMH project children (including background, "teachability", "mental health", home life, etc.).

1.3.6.1 Individual Children

-Any statements or observations relevant to individual children in the CFMH project (including physical description, background, home life, learning skills, social and emotional adjustment, inappropriate behaviors, teachers, evaluations, etc.) Use a separate fourth digit in the code for each child.

1.4 Administration

- Including such aspects of the administrative structure as size, lines of authority, roles, titles and duties of personnel, distinction between the formal and informal structure, paperwork and record-keeping functions, etc.

1.5 Community/Headstart - CFMH Relations and Connections

- Information on the impact of external events, activities, agencies, individuals to the implementation and/or outcomes of the CFMH project at the local centers. This category also includes "Washington" and the Urban Institute (and local participants perceptions of these) and their effects on implementation and outcomes.

1.6 Classroom Schedule and Activity Periods

- Includes record of any posted or otherwise formalized daily/seasonal schedule and observed variations from same, examples of activity periods with descriptions of participants and actual content of periods, aspects of class life that might further or impede efforts of primary prevention, etc.

1.7 Model Type

- Any general observations or statements on aspects/ value/intent/success/effectiveness/etc. of Model A and or B, descriptions of the "ideal program as outlined by the model and the "real" model as implemented and any discrepancies noted between the two, use of or reference to "the model guidelines", etc.

1.8 Mental Health Delivery: Primary, Secondary, Tertiary

- Including any observations or information on how there delivery forms are conceived, distinguished, and/or implemented; personnel involved in same; references to the terms and context; etc.

APPENDIX F

K.2.22

DATA RELIABILITY CHECK (SAMPLE)

FILE 2

9. McIntyre Center/11.13.80/11.13.80

Teachers present: Stephanie Schardt-Head Teacher; Gary Davis Asst. Teacher, Sandy-Aide., Cathy Yard-Cook; Pam-mother of Jason, and ___ mother of Desiree; Carol Pike-Caseworker. time observed: 8-12noon.

Field Ethnographic Index Codes

Ethnographic Supervison Blind codes

1.3.2.1

I arrived at McIntyre Center expecting to keep my appointment with Stephanie. We were going to discuss the CFMH project at 8 o'clock this morning. She did not arrive until almost an hour later so I chatted with Gary, Carol and Cathy over coffee and some danish coffee cake I brought for them. Gary explained to me how he constructed a newspaper "tree" he made grow by pulling it's top during his lesson yesterday. I asked him about lesson coordination between he and Stephanie. He said that Stephanie basically comes up with the lesson plans (I have heard from a caseworker in another center that she runs a very tight program and retains strict control over the way the program is run, eg. curriculum). The health lesson plans Gary said he is responsible for and Sandy, the aide, does nutrition. He told me that the more detailed graphics he used in yeaterday's corn growing lesson (which Gary drew) was not done deliberately more detailed for the older group.Although Stephanie decides on the lesson plans Gary said he felt that he still has "leeway"within the plan to do what he wants. Iasked him about the fantasy-or pretend play- I observed him use with the children; (eg. Doctor-patient fantasy play between children). I noted that it seemed like the staff uses it to stimulate play as well as to introduce concepts as well, (eg. body parts, what Doctors do, etc). Gary said that he uses it because it seems to work well with the children. After I explained to him how I observed Stephanie pretend she was opening a package to get corn seeds. Gary said he also used fantasy in that activity at his table with the four year olds. His group pretended they were corn stalks and discussed what they needed to grow as they stretched their arms out wide and reached toward the sun with their bodies.

1.3.2.1 1.3.2 1.6 1.0 1.8

Cathy talked to me about the neighborhood and asked me if California was very different. She said what she doesn't like about the area is that people know everyone's business and what they don't know they make up. She gave me the example of her next door neighbor who pounded on her door last night accusing her children of messing up her yard. Cathy said her children were not even home that weekend and how angry she was at the woman.

1.2.1 1.2

1.3.6.1 9am

The first group of children arrived. Jason came in crying with his mother who was carrying a toddler. He had not been able to sit by his mother in the Head Start van, and remained upset for about a half hour. Gary was collecting the children in a small circle and Sandy started to take role kneeling on the rug. Jason remained standing in the cluster of ten sitting children-still crying. Gary stood up and took him by the hand to the "time out" chair saying, "Ithink you need to spend some time sitting by yourself". Jason sat in the chair about eight minutes. Stephanie arrived shortly thereafter very apologetic that she had forgotten our agreement to meet earlier. She came up to me later and we talked in the Teacher-Parent room for about 15 minutes, (see interview w/ Stephani

1.3.6 1.6

APPENDIX C

FOCUSED ETHNOGRAPHER TRAINING PROGRAM

Appendix C

THE URBAN INSTITUTE FOR HUMAN SERVICES INC.

FOCUSED ETHNOGRAPHER TRAINING PROGRAM

TRAINING DAY #	TIME OF DAY	DOMAIN OF INSTRUCTION	SKILL-BUILDING AND CONCEPTUAL GOALS	CLASS FORMAT AND CONTENT	READING
1	a.m.	Introduction Program Background	Staff team-building; history and development of the CFMH project and its evaluation; history and characteristics of local CFMH programs to be studied by FE's	Staff introductions; Dr. Wm. Hayes Lecture/ discussion on the U.I.H.S., the CFMH project, and local Head Start Centers - Dr. Hayes and Staff	U.I.H.S. materials
	p.m.	Program Background	Familiarization with Head Start history, goals, and policies	Lecture/discussion on Head Start - Dr. Hayes and staff	
		Self-reflexivity	Understanding of one's self as the tool of research	Lecture and assignment of on-going diary exercise	Malinowski. B. A Diary in the true sense of the word.
2	a.m.	Introduction to Participant-Observation	Becoming an observer: introduction to the major skills in and issues of doing field-work	Dr. Weisner, lecture/ discussion on participant observation; "sudden shock" exercise, immersion into a field setting with write-up and in-class discussion	
	p.m.	Introduction to Participant-Observation	Becoming an observer: introduction to the major skills in and issues of doing field work	Discussion continues from morning session	

Appendix C-continued

TRAINING DAY #	TIME OF DAY	DOMAIN OF INSTRUCTION	SKILL-BUILDING AND CONCEPTUAL GOALS	CLASS FORMAT AND CONTENT	READING
3	a.m.	Observing Recording	Observational strategies and notetaking styles; issues in note-taking such as level of inference and rules of evidence	Dr. Weisner, in-class observational exercises and write-up work following discussion. Assignment of observational task for day 4 a.m.; idea generating exercise	
	p.m.	Role Management	Sensitization to everyday problems of fieldwork	Dr. Weisner, lecture: what "really" happens to most field-workers, how to cope, typical approaches to field studies; relationship of field ethnographers to ethnographic supervision	Golde, P., Women in the Field
4	a.m.	Observing	Relating program questions to observational goals to observational strategies; focusing; experiencing continuous real-time observation and write-up	Pre-arranged visit to local Head Start Center	
	p.m.	Role Management Ethics Observing	Learning skills and rationale for "first impressions;" self-presentation and role definition; confronting ethical issues of participant-observer research	In class discussion of site entry and role negotiation issues; discussion of ethical concerns and presentation of ethical review procedures; reading of field notes and discussion of observational and recording strategies	Appell, G.N., Ethical Dilemmas in Anthropological Inquiry
		Observing Recording	Defining observational goals and strategies; strategies for writing up observations	Lecture on observational methods. In-class discussion based on a.m. experiences and write-up of field notes; defining a researchable question.	

Appendix G-continued

TRAINING DAY #	TIME OF DAY	DOMAIN OF INSTRUCTION	SKILL-BUILDING AND CONCEPTUAL GOALS	CLASS FORMAT AND CONTENT	READING
5	a.m.	Recording	Formatting and indexing fieldnotes	Dr. Levine, lecture on formatting and indexing; development of formatting, indexing, and quality control procedures to be used for CFMH evaluation	
	p.m.	Interviewing	Different types of interview strategies; planning and executing a focused interview	Dr. Levine, lecture on different types of interviewing and strengths and limitations of each; in-class exercise: observation and discussion of videotaped interviews focusing on interviewing skills; in class exercise: participants plan and carry out focused interviews of each other	Spradly J.P. The Ethnographic Interview
6	a.m.	Interviewing	Conducting a focused Interview	Interview of site participant at local Head Start Center and write-up	
	p.m.	Interviewing	Conducting a focused interview	Discussion of morning exercise; review of the training program to date	
		Observing Recording	Mnemonic and shorthand skills in taking rough notes	In-class: videotape of of a classroom shown with instructions to record behavior and setting details; class discussion of exercise focusing on techniques used to record multi-dimensional, complex, rapidly-occuring behavior	

Appendix G-continued

TRAINING DAY #	TIME OF DAY	DOMAIN OF INSTRUCTION	SKILL-BUILDING AND CONCEPTUAL GOALS	CLASS FORMAT AND CONTENT	READING
7	a.m.	All	Using formatting procedure	Pre-arranged visit to local Head Start Center	
	p.m.	Background	Mental Health research and theory, primary prevention, social competence, and child psychology.	Dr. T. Hilliard/Dr. Hayes lecture/discussion	
8	a.m.	All	Using formatting procedure	Pre-arranged visit to local Head Start Center - final data collection day	
	p.m.	All		J. Macias review and debriefing	
9	a.m.	Data Reduction	Organizing and using qualitative data to answer research questions	Dr. Levine; lecture "proof" in social science research; using qualitative materials for illustration to develop typologies, to construct patterns and generalization; "paths to insight"	Examples of naturalistic research handed out in class
	p.m.	Data Reduction and Analysis	Indexing and coding	Develop indexing system for CFMH ethnography; code own fieldnotes; discussion of these processes and their problems	
10	a.m.	Data Reduction and Analysis	Organizing and using qualitative data to answer questions	Dr. Levin lecture, demonstration and discussion	

Appendix G-continued

TRAINING DAY #	TIME OF DAY	DOMAIN OF INSTRUCTION	SKILL-BUILDING AND CONCEPTUAL GOALS	CLASS FORMAT AND CONTENT	READING
10	p.m.	Data Reduction and Analysis	Organizing and using qualitative data to answer research questions	Apply techniques using own project work toward finished product	
11	a.m.	Data Reduction and Analysis	Organizing and using qualitative data to answer research questions	Participants use class time to write up reports on their own observations over past two weeks: report includes site description, a "typical" day in the classroom focus of study, observations undertaken, and tentative conclusions.[1] Staff are available to consult and advise.	
	p.m.	Data Reduction and Analysis	As above	Participants present their reports and all staff comment and critique	
		Training Course Evaluation and Self-Evaluation	Use of evaluation to help determine later training and to encourage self-reflection by the field ethnographers	In-class discussion based on diary material; close and good-byes	